PAGE 1 / 18

FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIM .	3X   1	For Other	Than A	n Authorize	d Commi	ttee		Office Us	se Only	
1. NAME OF COMMITTE	EE (in full)	TYPE OR	PRINT ▼		ample: If ty er the lines.		12FE4N	M5		
PIEDMON	T TRIAD AN	NESTHE	SIA P A	FEDERA	L PAC					
ADDRESS (numl	ber and street)	145 KIM	EL PARK DI	RIVE SUITE 12	0					
than pr	if different reviously ed. (ACC)	WINSTO	DN-SALEM				NC NC	27103	3	
2. <b>FEC IDEN</b>	TIFICATION N	JMBER ▼	_	CITY ▲		:	STATE <b>A</b>		ZIP COE	)E ▲
C coo	435651			3. IS THIS REPORT	_ x	NEW (N) <b>OR</b>		AMENDED A)		
(Choose On	rly Reports:	(b) Moi Rep Due		Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Se	g 20 (M8) p 20 (M9) ct 20 (M10)	ĕ	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Ju Qu Qu Qu Ja	oril 15 uarterly Report (C ly 15 uarterly Report (C ctober 15 uarterly Report (C uarterly Report (C	Q2) Q3)	12-Day PRE-Elect Report for		Primary (1		General Special		in the	Runoff (12R)
Ju Re Ye	ear-End Report (Y lly 31 Mid-Year eport (Non-electio ear Only) (MY) ermination Report ER)	(d)	30-Day POST-Ele Report for	ction	General (3	80G)	Runoff	(30R)		Special (30S)
5. Covering Pe	eriod 07	M / D 7		2016	through	n 09	30	201	16	
I certify that I hat Type or Print Na		Fyock, 7	and to the I		owledge and	d belief it is tru	ie, correct a	nd complet	te.	
Signature of Tre	easurer Fyoc	k, Theodore,	C., Mr.,		[Electronica	ally Filed]	Date 10	M / D		2016
NOTE: Submission	on of false, erron	eous, or inc	omplete info	ormation may s	subject the p	erson signing th	nis Report to	the penaltic	es of 52	U.S.C. § 30109
Office Use									FORI Rev. 05/20	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: 07 01 2016 To: 09 30 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6. (	a) Cash on Hand  January 1,  2016		44633.94			
(	b) Cash on Hand at  Beginning of Reporting Period	22621.94				
(	c) Total Receipts (from Line 19)	11000.00	32600.00			
(	d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33621.94	77233.94			
7. 1	Total Disbursements (from Line 31)	25004.00	68616.00			
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	8617.94	8617.94			
t	Debts and Obligations Owed TO he Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
t	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
	•	0.00				

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Contributions (other than loans) From:	1				
(a) Individuals/Persons Other					
Than Political Committees					
(i) Itemized (use Schedule A)	11000.00	32600.00			
(ii) Unitemized	0.00	0.00			
(iii) TOTAL (add		7 7 7			
Lines 11(a)(i) and (ii)▶	11000.00	32600.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	200				
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry		20222.22			
Totals to Line 33, page 5)▶	11000.00	32600.00			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
3. All Loans Received	0.00	0.00			
	4 4	45 45			
Loan Repayments Received	0.00	0.00			
Offsets To Operating Expenditures	4 4 4 4				
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made	4 4 4 4	4 4			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
7. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
3. Transfers from Non-Federal and Levin Funds	4 4	7			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
=					
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(a) Tatal Transfers (add 10(a) 11(2)(b)	200				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
). Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	11000.00	32600.00			
). Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	11000.00	32600.00			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4.00	516.00
Expenditures(c) Total Operating Expenditures	4.00	310.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	4.00	516.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7
and Other Political Committees	0.00	4000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
(doc conodulo 1)	4 4	0.00
Loan Repayments Made	0.00	0.00
	4 4	4 4
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Ballitad Bada Occasillada		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(444 21100 25(4), (5), 4114 (0))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	25000.00	64100.00
5 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	4 4
Federal Election Activity (52 U.S.C. § 30101(2	20))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
		,
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25004.00	68616.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	25004.00	69646.00
•	25004.00	68616.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)		Page 5				
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11000.00	32600.00				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11000.00	32600.00				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4.00	516.00				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4.00	516.00				

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

							PAGE		6	OF		18
(check only one)												
		X	11a		11b		11c		12	2		
			13		14		15		16	6		17

Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEI	DERAL PAC					
Full Name of Individual (Last, First, Middle I Almengual, Terrence, , Dr.,  Mailing Address 4248 Saddlewood Forest Dr		nization Name	Date of Receipt				
011		7: 0 1	09 30 2016				
City Winston-Salem	State NC	Zip Code 27106	Transaction ID : SA11AI.5196  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual)  Piedmont Triad Anesthesia, PA  Receipt For:  Primary General  Other (specify) ▼		tion (for Individual) esiologist ar-to-Date ▼  1800.00	Memo Item \$200/MONTHLY				
Full Name of Individual (Last, First, Middle I Castellano, Vincent, , Dr., III  Mailing Address 5452 Brookberry Farm Road	Date of Receipt  09 30 2016						
City Winston-Salem	State NC	Zip Code 27106	09 30 2016Transaction ID : SA11AI.5197 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	600.00					
Name of Employer (for Individual) Piedmont Triad Anesthesia, PA		ation (for Individual) esiologist	Memo Item \$200/MONTHLY				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1800.00					
Full Name of Individual (Last, First, Middle I Chao, Simon, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 1111 Downing Creek Court	01-1-	7: 0 d	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Winston-Salem	State NC	Zip Code 27106	Transaction ID : SA11AI.5198  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		600.00				
Name of Employer (for Individual) Piedmont Triad Anesthesia, PA		tion (for Individual) esiologists	Memo Item \$200/MONTHLY				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1800.00					
SUBTOTAL of Receipts This Page (optional)		·····	1800.00				
TOTAL This Period (last page this line numbe	er only)						

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	by information copied from such Reports and Stator commercial purposes, other than using the $\ensuremath{\text{I}}$					
	NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESI	IA P A FE	DERAL PAC			
Α.	Full Name of Individual (Last, First, Middle Initial Colonna, David, , Dr.,  Mailing Address 387 Cedar Trails	al) or Full Org	anization Name	Date of Receipt		
	City	State	Zip Code	09 30 2016  Transaction ID : SA11Al.5199		
	Winston-Salem	NC	27104	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		600.00		
	Name of Employer (for Individual)	I .	ation (for Individual)	Memo Item		
	Piedmont Triad Anesthesia, P.A	Anest	hesiologist	\$200/MONTHLY		
	Receipt For:  Primary General  Other (specify) ▼					
В.	Full Name of Individual (Last, First, Middle Initial Cronin, McNeil, , ,	al) or Full Org	anization Name	Date of Receipt		
	Mailing Address 145 Kimel Park Drive Suite 120 City	09 30 2016				
	Winston-Salem	State NC	Zip Code 27103	Transaction ID: SA11AI.5200  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		400.00			
	Name of Employer (for Individual) Piedmont Triad Anesthesia, P.A	I	oation (for Individual) hesiologist	Memo Item \$200/MONTHLY		
	Receipt For:  Primary General  Other (specify) ▼					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia Gendrachi, Thomas, , , Jr.	al) or Full Org	anization Name	Date of Receipt		
	Mailing Address 3748 Burbank Lane			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Winston-Salem	State NC	Zip Code 27106	Transaction ID : SA11AI.5201  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		600.00		
	Name of Employer (for Individual) Piedmont Triad Anesthesia, PA		ation (for Individual) nesiologist	Memo Item \$200/MONTHLY		
	Receipt For:	Aggregate Ye	ear-to-Date ▼			
	Primary General Other (specify)					
H	SUBTOTAL of Receipts This Page (optional)			1600.00		
ΙŢ	<b>OTAL</b> This Period (last page this line number or	nıy)				

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:						PAGE		8	OF	18
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	Statements may not be sold or used by any per- ne name and address of any political committee t						
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC						
Full Name of Individual (Last, First, Middle In Hardie, Greg, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1619 Appian Way		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.5202					
Clemmons	NC 27012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	600.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Piedmont Triad Anesthesia, PA	Anesthesiologist	\$200/MONTHLY					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify) ▼	1800.00						
Full Name of Individual (Last, First, Middle II Hertz, George, , Dr.,	Date of Receipt						
Mailing Address 4232 Lake Cliffe Drive		08 24 2016					
City	State Zip Code	Transaction ID : SA11AI.5203					
Clemmons	NC 27012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	600.00					
Name of Employer (for Individual) Piedmont Triad Anesthesia, PA	Occupation (for Individual) Anesthesiologist	Memo Item \$200/MONTHLY					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1800.00						
Full Name of Individual (Last, First, Middle In <b>Donnsrude, Curtis</b> , , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 4416 Bent Tree Farm Road		09 30 2016					
City	State Zip Code	Transaction ID : SA11AI.5204					
Winston-Salem	NC 27106	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	600.00					
Name of Employer (for Individual) Piedmont Triad Anesthesia, PA	Occupation (for Individual) Anesthesiologist	Memo Item \$200/MONTHLY					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	1800.00						
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1800.00					
TOTAL This Period (last page this line number	r only)						

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER:						PAGE		9	OF	18
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE		
Full Name of Individual (Last, First, Middle Kennedy, Daniel, , Dr.,  Mailing Address 4255 Foxbury Court  City Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Piedmont Triad Anesthesia, PA Receipt For:  Primary General Other (specify)	State Zip Code 27104  C  Occupation (for Individual)	Date of Receipt  99 30 2016  Transaction ID: SA11AI.5205  Amount of Each Receipt this Period  600.00  Memo Item \$200/MONTHLY
Full Name of Individual (Last, First, Middle McConville, Joseph, , Dr.,  Mailing Address 3120 Millhaven Lake Drive  City  Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Piedmont Triad Anesthesia, PA  Receipt For:  Primary General  Other (specify) ▼	State Zip Code NC 27106  C  Occupation (for Individual) Anesthesiologist  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  09 30 2016  Transaction ID : SA11Al.5206  Amount of Each Receipt this Period  600.00  Memo Item \$200/MONTHLY
Full Name of Individual (Last, First, Middle Middleton, Joseph, , Dr.,  Mailing Address 1901 Buena Vista Road  City Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Piedmont Triad Anesthesia, PA  Receipt For: Primary General Other (specify)	State Zip Code NC 27104  C Occupation (for Individual) Anesthesiologist  Aggregate Year-to-Date   1800.00	Date of Receipt  M M M / D D / 2016  Transaction ID : SA11AI.5207  Amount of Each Receipt this Period  600.00  Memo Item \$200/MONTHLY
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1800.00
TOTAL This Period (last page this line number	er only)	

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER:					PAGE	· '	10	OF	18	
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	Statements may not be sold or used by any political committee name and address of any political committee	
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	ESIA P A FEDERAL PAC	
Full Name of Individual (Last, First, Middle Perrott, James, , ,  Mailing Address 145 Kimel Park Drive	Initial) or Full Organization Name	Date of Receipt
Suite 120	Otata Zin Oada	09 30 2016
City Winston-Salem	State Zip Code NC 27103	Transaction ID : SA11AI.5208
Willston-Salem	27103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Piedmont Triad Anesthesia, P.A	Anesthesiologist	\$200/MONTHLY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle Reid, Charles, Derek, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2145 Cherrywood Drive	State 7% Code	09 30 / 2016
City Clemmons	State Zip Code NC 27012	Transaction ID : SA11AI.5210
Clemmons	NC 27012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual) Piedmont Triad Anesthesia, PA	Occupation (for Individual) Anesthesiologist	Memo Item \$200/MONTHLY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1800.00	
Full Name of Individual (Last, First, Middle Saliba, David, L, , II	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1810 Woodstone Drive		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NC 27127	Transaction ID : SA11AI.5211
Winston-Salem	NC 27127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Piedmont Triad Anesthesia, PA	Anesthesiologist	\$200/MONTHLY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify)	1800.00	1
SUBTOTAL of Receipts This Page (optional).		1600.00
TOTAL This Period (last page this line number	er only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTH	ESIA P A FEDERAL PAC	
Full Name of Individual (Last, First, Middle Scannell, Michael, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2185 Knight Road		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5212
Kernersville	NC 27284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Piedmont Triad Anesthesia, PA	Anesthesiologist	\$200/MONTHLY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.0	00
Full Name of Individual (Last, First, Middle Schkolne, Benzion, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6122 Northwood Road	[0]	09 30 2016
City Dallas	State Zip Code 75225	Transaction ID : SA11AI.5213
	17 73223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual) Piedmont Triad Anesthesia, PA	Occupation (for Individual) Anesthesiologist	Memo Item \$200/MONTHLY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.	00
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 689 Lichfield Drive		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.5214  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Piedmont Triad Anesthesia, PA	Anesthesiologist	\$200/MONTHLY
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1800.	00
SUBTOTAL of Receipts This Page (optional	)	
TOTAL This Period (last page this line numl	per only)	

В.

### ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) 18 FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Winters, Daniel, , Dr., Date of Receipt Mailing Address 4180 Dimholt Court 2016 City State Zip Code Transaction ID: SA11AI.5215 Winston-Salem NC 27104 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Anesthesiologist Piedmont Triad Anesthesia, PA \$200/MONTHLY Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify)

Full Name of Individual (Last, First, Middle II	Date of Receipt	
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Fools Descint this Desiral
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M M / D D / Y Y Y

City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

		_	_	_	_	_	-	000.00	$\exists$
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TOTAL This Period (last page this line number	only)			Т			11	000.00	П
TOTAL THIS Feriou (last page this line number	Offig)	_	7	-		7		- 460	

SCHEDULE B (FEC Form 3X)	SCHEDULE B (FEC Form 3X) FOR LIN				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a			
Any information copied from such Reports and Stat		sed by any pers	on for the purpose of soliciting contributions		
or for commercial purposes, other than using the n  NAME OF COMMITTEE (In Full)  PIEDMONT TRIAD ANESTHESIA			o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial)  A. CITIZENS TO ELECT BERT JON	IES		Date of Disbursement		
Mailing Address 299 FAIRFIELD ROAD			09 14 2016		
City REIDSVILLE	State Zip Code 27320-8293		FEC Identification Number		
Purpose of Disbursement CONTRIBUTION Candidate Name		011 Category/	Transaction ID : SB29.5222 Amount of Each Disbursement this Period		
Senate	ement For: 2016 Primary General	Туре	5000.00		
State: NC District:	Other (specify) ▼		Memo Item		
_					
City BOONE Purpose of Disbursement CONTRIBUTION	State Zip Code NC 28607	011	FEC Identification Number		
Candidate Name  Office Sought:  House Senate President  State: NC District:	ement For: 2016 Primary 🗶 General Other (specify)	Category/ Type	Transaction ID: SB29.5194 Amount of Each Disbursement this Period  500.00  Memo Item		
Full Name (Last, First, Middle Initial)  C. COMMITTEE TO ELECT DONN  Mailing Address 4627 S MAIN STREET	/ LAMBETH		Date of Disbursement  O9  14  2016		
City WINSTON-SALEM Purpose of Disbursement CONTRIBUTION Candidate Name	State Zip Code NC 27127	011 Category/ Type	FEC Identification Number  C  Transaction ID: SB29.5219  Amount of Each Disbursement this Period		
Office Sought:  Senate  President  State: NC  Disburs  Senate	ement For: 2016 Primary		3000.00 Memo Item		
SUBTOTAL of Disbursements This Page (optional)	)	······	8500.00		
TOTAL This Period (last page this line number on	ly)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA			
Full Name (Last, First, Middle Initial)	ANI 1055		Date of Dishum-servet
A. COMMITTEE TO ELECT JONATH	AN JORDAN		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- Ivianing Address 1 o Box 1470			2010
JEFFERSON	State         Zip Code           NC         28640-1473		FEC Identification Number
Purpose of Disbursement CONTRIBUTION		011	C
Candidate Name		Category/ Type	Transaction ID: SB29.5191 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General		500.00
State: NC District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)  B. COMMITTEE TO ELECT LEE ZAC  Mailing Address PO BOX 1780	HARY TO NC HOU	SE	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
YADKINVILLE	State Zip Code NC 27055-1780		FEC Identification Number
Purpose of Disbursement CONTRIBUTION Candidate Name		011 Category/	Transaction ID : SB29.5226 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary	Type	500.00
State: NC District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  CONRAD COMMITTEE FOR NC H	IOUSE		Date of Disbursement
Mailing Address 4004 PEMBERTON COURT			09 / 12 / 2016
WINSTON-SALEM	State Zip Code NC 27106		FEC Identification Number
Purpose of Disbursement CONTRIBUTION Condidate Name		011	Transaction ID : SB29.5218
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General		2500.00
State: NC District:	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).		······	3500.00

SCHEDULE B (FEC Form 3X)	CHEDULE B (FEC Form 3X) FOR LINE NUMB							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e(s) (check only one)						
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c <b>x</b> 29 30b					
Any information copied from such Reports and Stater	ments may not be sold or us							
or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
$  \hspace{.04cm}  angle$ PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAG							
Full Name (Last, First, Middle Initial)								
A. ED HANES FOR NORHT CAROLI	NA COMMITTEE		Date of Disbursement					
Mailing Address 290 H KNOLLWOOD STREET			09 12 2016					
Mailing Address 380-H KNOLLWOOD STREET SUITE 191			09 12 2010					
· · · · · · · · · · · · · · · · · · ·	State Zip Code NC 27104		FEC Identification Number					
WINSTON-SALEM Purpose of Disbursement	NC 27104							
CONTRIBUTION		010	C Transaction ID : SB29.5217					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: 🗶 House Disburser	ment For: 2016	Туре	1000.00					
Senate	Primary General							
President	Other (specify) ▼		Memo Item					
State: NC District:								
Full Name (Last, First, Middle Initial)  B. FOLWELL COMMITTEE			Date of Disbursement					
			M M / D D / Y Y Y Y Y					
Mailing Address P.O. Box 5424	illing Address P.O. Box 5424							
City	State Zip Code		FEC Identification Number					
Winston-Salem Purpose of Disbursement	NC 27113							
CONTRIBUTION		011	C					
Candidate Name		Category/	Transaction ID : SB29.5216  Amount of Each Disbursement this Period					
Office Cought		Type						
Office Sought:      House   Disburser	ment For: 2016 Primary <b>x</b> General		1000.00					
President	Other (specify)		Memo Item					
State: NC District: 74			Memo rem					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
C. JERRY TILLMAN FOR NC SENAT	С		M M / D D / Y Y Y Y					
Mailing Address 1207 DOGWOOD LANE			09 30 2016					
City	State Zip Code							
ARCHADALE	NC 27263		FEC Identification Number					
Purpose of Disbursement CONTRIBUTION		011	C					
Candidate Name			Transaction ID: SB29.5234  Amount of Each Disbursement this Period					
		Category/ Type						
$\vdash$	ment For: 2016		1000.00					
Senate President	Primary		П м в					
State: NC District: 29	(-		Memo Item					
			2000.00					
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00					
TOTAL This Period (last page this line number only)	)							

SCHEDULE B (FEC Form 3X)	HEDULE B (FEC Form 3X)							
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	s) (check only	/ one)					
	Detailed Summary Page		22 23 26 27 28b 28c <b>x</b> 29 30b					
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or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)		_						
angle PIEDMONT TRIAD ANESTHESI.	A P A FEDERAL PA	AC .						
Full Name (Last, First, Middle Initial)								
A. JOYCE KRAWIEC FOR NC SEN	ATE		Date of Disbursement					
Mailing Address 7030 INTERLAKEN DRIVE			09 14 2016					
Mailing Address 7000 INTENDANCIA DRIVE			2010					
City	State Zip Code		FEC Identification Number					
KERNERSVILLE Purpose of Disbursement	NC 27284							
CONTRIBUTION		011	Transaction ID : SB29,5228					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	sement For: 2016	Type	2000.00					
Senate	Primary		7 7 7					
President	Other (specify) ▼		Memo Item					
State: NC District: 31								
Full Name (Last, First, Middle Initial)  B. KYLE HALL COMMITTEE			Date of Disbursement					
KILL HALL OOMIVIITILL			M M / D D / Y Y Y Y					
Mailing Address PO BOX 2024			09 14 2016					
City	State Zip Code NC 27021		FEC Identification Number					
KING Purpose of Disbursement	NC 27021		C					
CONTRIBUTION		011	Transaction ID : SB29.5223					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: 🗶 House Disburs	sement For: 2016	Туре	500.00					
Senate	Primary General							
President President	Other (specify)		Memo Item					
State: NC District:  Full Name (Last, First, Middle Initial)								
C. MOORE CITIZENS FOR BOLES			Date of Disbursement					
			MIM / DID / YIYIY					
Mailing Address 425 W PENN AVENUE			08 24 2016					
City	State Zip Code		FEC Identification Number					
SOUTHERN PINES Purpose of Disbursement	NC 28327							
CONTRIBUTION		011	Transaction ID : SB29.5189					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: 🙀 House Disburs	sement For: 2016	Type	500.00					
Senate	Primary <b>X</b> General		555.55					
President	Other (specify) ▼		Memo Item					
State: NC District:								
SUBTOTAL of Disbursements This Page (optional	1		3000.00					
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TOTAL This Period (last page this line number on	ly)							

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SCHEDULE B (FEC Form 3X)	Lloo concrete sel-	rodula/a)	FOR LINE NUMBER: PAGE 17			
ITEMIZED DISBURSEMENTS	Use separate sch for each category	of the	(check only 21b	one)	23 26 27	
	Detailed Summary		28a	28b	28c <b>x</b> 29 30b	
Any information copied from such Reports and State						
or for commercial purposes, other than using the nar  NAME OF COMMITTEE (In Full)	me and address of a	ny political	committee to	solicit contrib	utions from such committee.	
PIEDMONT TRIAD ANESTHESIA	P A FEDERA	L PAC				
Full Name (Last, First, Middle Initial)				Data of Dia	shuraamant	
A. PAUL LOWE FOR NC SENATE				Date of Dis	D D / Y Y Y Y	
Mailing Address PO BOX 20262				09	16 2016	
,	State Zip Co			FEC Identif	ication Number	
WINSTON-SALEM Purpose of Disbursement	NC 2/120	0-0262		С		
CONTRIBUTION			011		ction ID : SB29.5230	
Candidate Name			Category/		Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2016		Туре		500.00	
x Senate		eneral			7	
President	Other (specify) ▼			Memo	Item	
State: NC District:  Full Name (Last, First, Middle Initial)						
B. PHIL BERGER COMMITTEE				Date of Dis	sbursement	
				M = M /	D D / Y Y Y Y	
Mailing Address P.O. BOX 1309				09	16 2016	
City EDEN	State Zip Co			FEC Identif	ication Number	
Purpose of Disbursement	27200			С		
CONTRIBUTION  Candidate Name		L	011		ction ID : SB29.5229	
Candidate Name			Category/ Type	Amount of	Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2016		Туро		5000.00	
x Senate	, , , , ,	eneral			, , , , , , , , , , , , , , , , , , , ,	
State: NC District: 26	Other (specify)			Memo	Item	
Full Name (Last, First, Middle Initial)						
C. RANDLEMAN SENATE CAMPAIG	SN .			Date of Dis	sbursement	
Mailing Address 487 TRIPLE COVE DRIVE				08	24 2016	
City	State Zip Co	de		FFC Identif	ication Number	
WILKESBORO Purpose of Disbursement	NC 28697	7-7493				
CONTRIBUTION		IΓ	011	C	ction ID : SB29.5193	
Candidate Name			Category/		Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2016		Туре		500.00	
x Senate		eneral			3000	
President	Other (specify) ▼			Memo	Item	
State: NC District: 30				ш .		
SUBTOTAL of Disbursements This Page (optional)					6000.00	
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CHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		22 23 26 27 28b 28c <b>x</b> 29 30b
any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  PIEDMONT TRIAD ANESTHESIA				
Full Name (Last, First, Middle Initial)  A. THE PAT MCCRORY COMMITTEE			Date of Disbursement	
Mailing Address 1235E EAST BLVD, #179				07 13 2016
City CHARLOTTE	State NC	Zip Code 28210		FEC Identification Number
Purpose of Disbursement CONTRIBUTION  Candidate Name  Category/			Transaction ID : SB29.5188 Amount of Each Disbursement this Period	
	ement For: 2	2016	Category/ Type	1000.00
Senate President State: NC District:	Primary Other (spec	✓ General cify) ▼		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M = M / D = D / Y = Y = Y
City Purpose of Disbursement	State	Zip Code		FEC Identification Number
Candidate Name  Category/ Type			Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify)	Турс	Name ton
State: District: Full Name (Last, First, Middle Initial)				Memo Item
C.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement			С	
Candidate Name Category/ Type			Amount of Each Disbursement this Period	
Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼				Mana lan
	- (-1-0)	J / T		Memo Item